

EXHIBIT46

P1.1437.1

MCKESSON

Controlled Substance Monitoring

Discount Drug Mart

September 29th, 2017

Nate Hartle

Sr. Director – Regulatory Affairs



MCKMDL00448596

Agenda



Scope of Problem

Industry Updates

Regulatory Responsibilities

McKesson's CSMP

Discount Drug Mart Program Overview

Q & A | Open Discussion

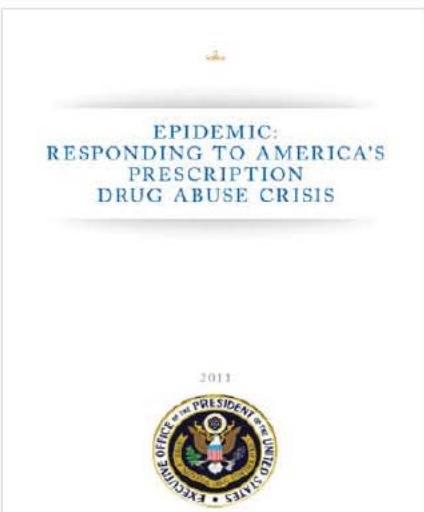
P1.1437.3

Scope of the Problem | Epidemic

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"The drug problems of past decades pale when compared to the current opioid epidemic which has killed 165,000 Americans from 2000 to 2014."



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Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.TM

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SEARCH

Morbidity and Mortality Weekly Report (MMWR)

MMWR

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CDC Grand Rounds: Prescription Drug Overdoses – a U.S. Epidemic

Weekly
January 13, 2012 / 61(01)10-13

This is another in a series of occasional MMWR reports titled CDC Grand Rounds. These reports are based on grand rounds presentations at CDC on high-profile issues in public health science, practice, and policy. Information about CDC Grand Rounds is available at <http://www.cdc.gov/about/conferences>.

In 2007, approximately 27,000 unintentional drug overdose deaths occurred in the United States, one death every 19 minutes. Prescription drug abuse has been a major contributor to the increase in prescription drug overdose deaths (Figure 1). In addition to prescription drugs, illicit drug use has been increased by increased use of a class of prescription drugs called opioid analgesics (Figure 2). Since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined (Figure 3). In addition, for every unintentional overdose death related to an opioid analgesic, nine persons are admitted for substance abuse treatment (2), 35 visit emergency departments (3), 161 report drug abuse or dependence, and 481 report nonmedical uses of opioid analgesics (4). Implementing strategies that target those persons at greatest risk will require strong coordination and collaboration at the federal, state, local, and tribal levels, as well as engagement of parents, youth influencers, health-care professionals, and policy-makers.

Overall, rates of opioid analgesic misuse and overdose death are highest among men, persons aged 20–64 years, non-Hispanic whites, and poor

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
obashipa.us.DC.gov

The Epidemic of Prescription Drug and Heroin Abuse in the United States

Committee on Oversight and Government Reform
United States House of Representatives

Tuesday, March 22, 2016
10:00 a.m.

Source: National Safety Council. *Prescription Nation 2016: Addressing America's Drug Epidemic*. Retrieved November 7, 2016, from National Safety Council: <http://www.nsc.org/RxDrugOverdoseDocuments/Prescription-Nation-2016-American-Drug-Epidemic.pdf>

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Scope of the Problem | Opioid Prescribing & Abuse

On an average day in the U.S.:

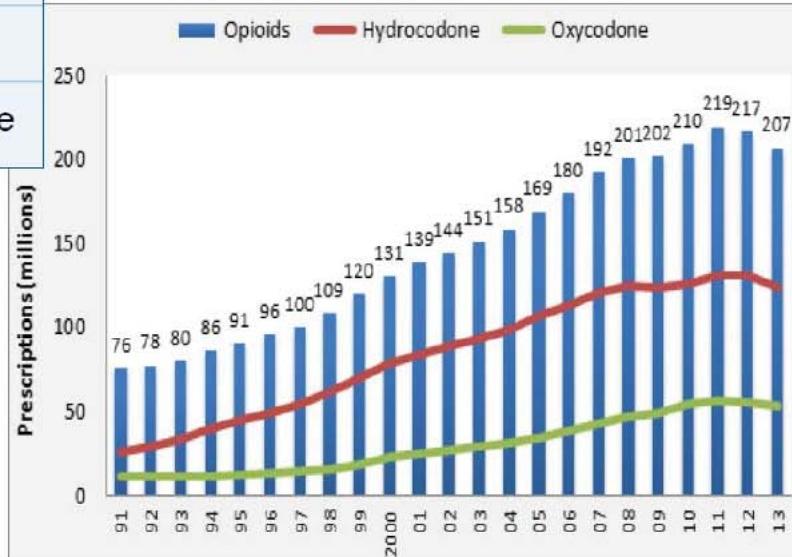
More than 650,000 opioid prescriptions dispensed

3,900 people initiate nonmedical use of prescription opioids

580 people initiate heroin use

78 people die from an opioid-related overdose

Opioid Prescriptions Dispensed by Retail Pharmacies, 1991 – 2013



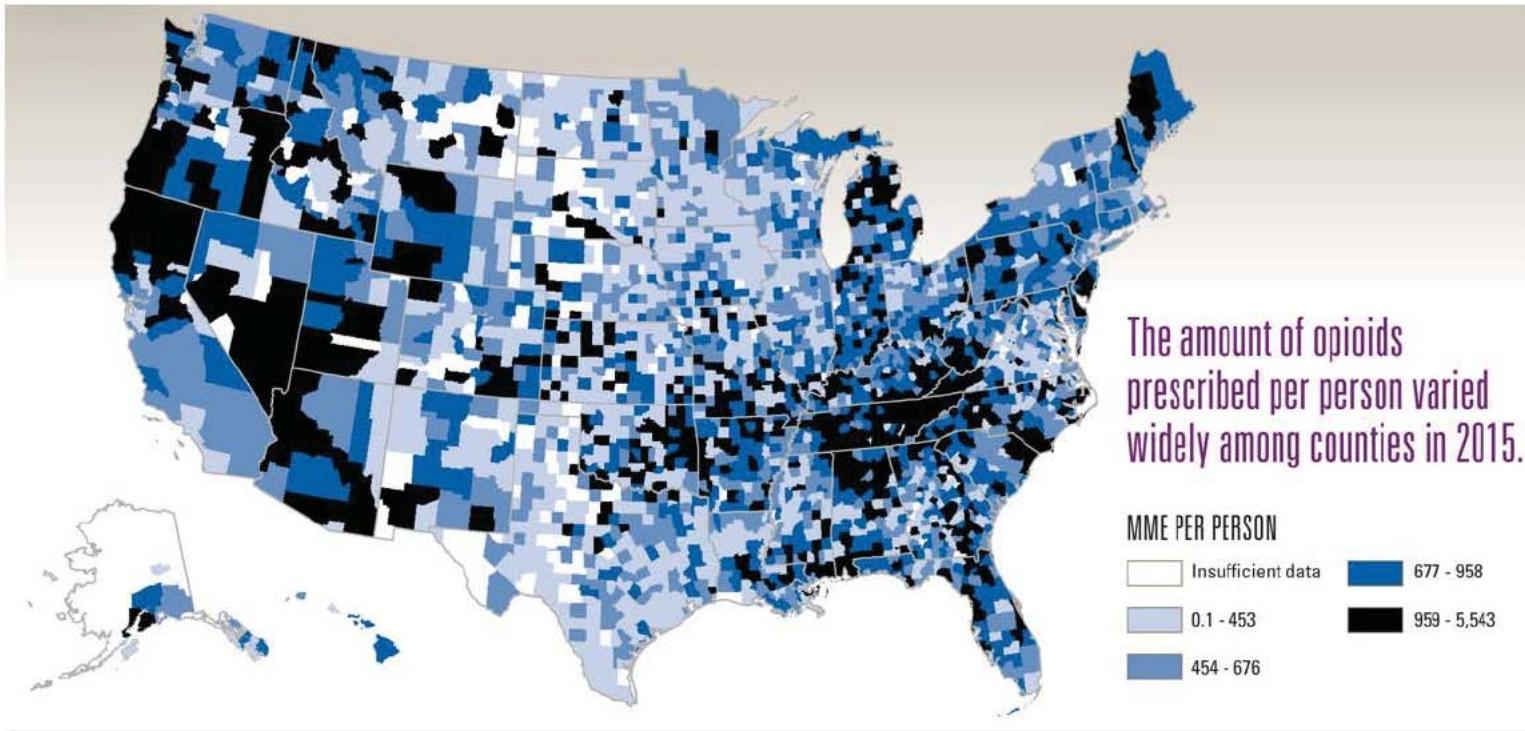
Source 1: Department of Health & Human Services. *The Opioid Epidemic: By the Numbers*. Retrieved November 7, 2016, from Department of Health & Human Services: <http://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>

Source 2: NIH: National Institute on Drug Abuse. *Prescription Opioid & Heroin Abuse*. Retrieved November 14, 2016, from NIH: National Institute on Drug Abuse: <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/prescription-opioid-heroin-abuse>

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Scope of the Problem | Opioid Prescribing & Abuse

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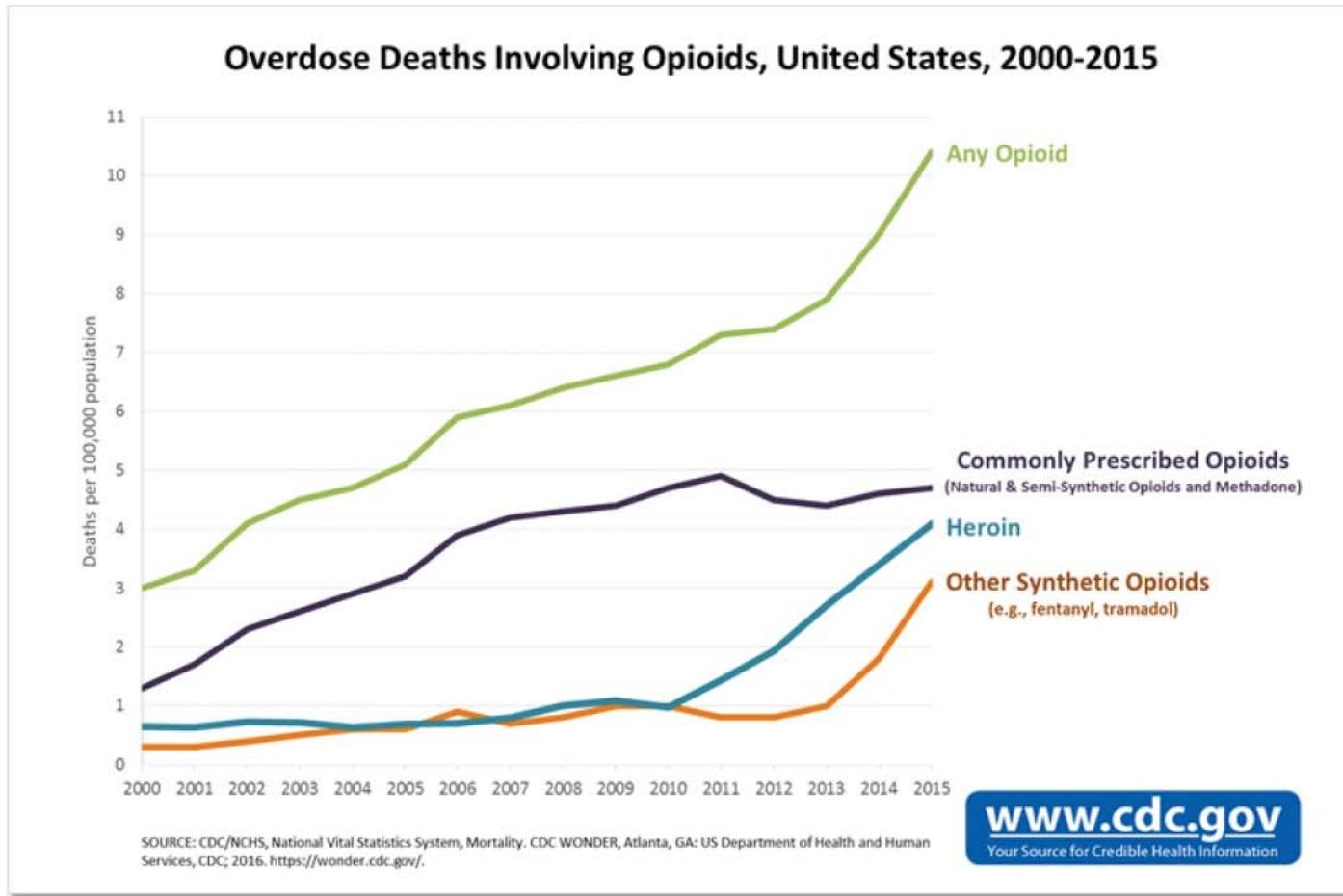


Source: Centers for Disease Control and Prevention, Vital Signs July 2017. *Opioid Prescribing – Where you live matters*. Retrieved August 22, 2017 from Centers for Disease Control and Prevention: <https://www.cdc.gov/vitalsigns/pdf/2017-07-vitalsigns.pdf>

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Scope of the Problem | Overdose Death Statistics

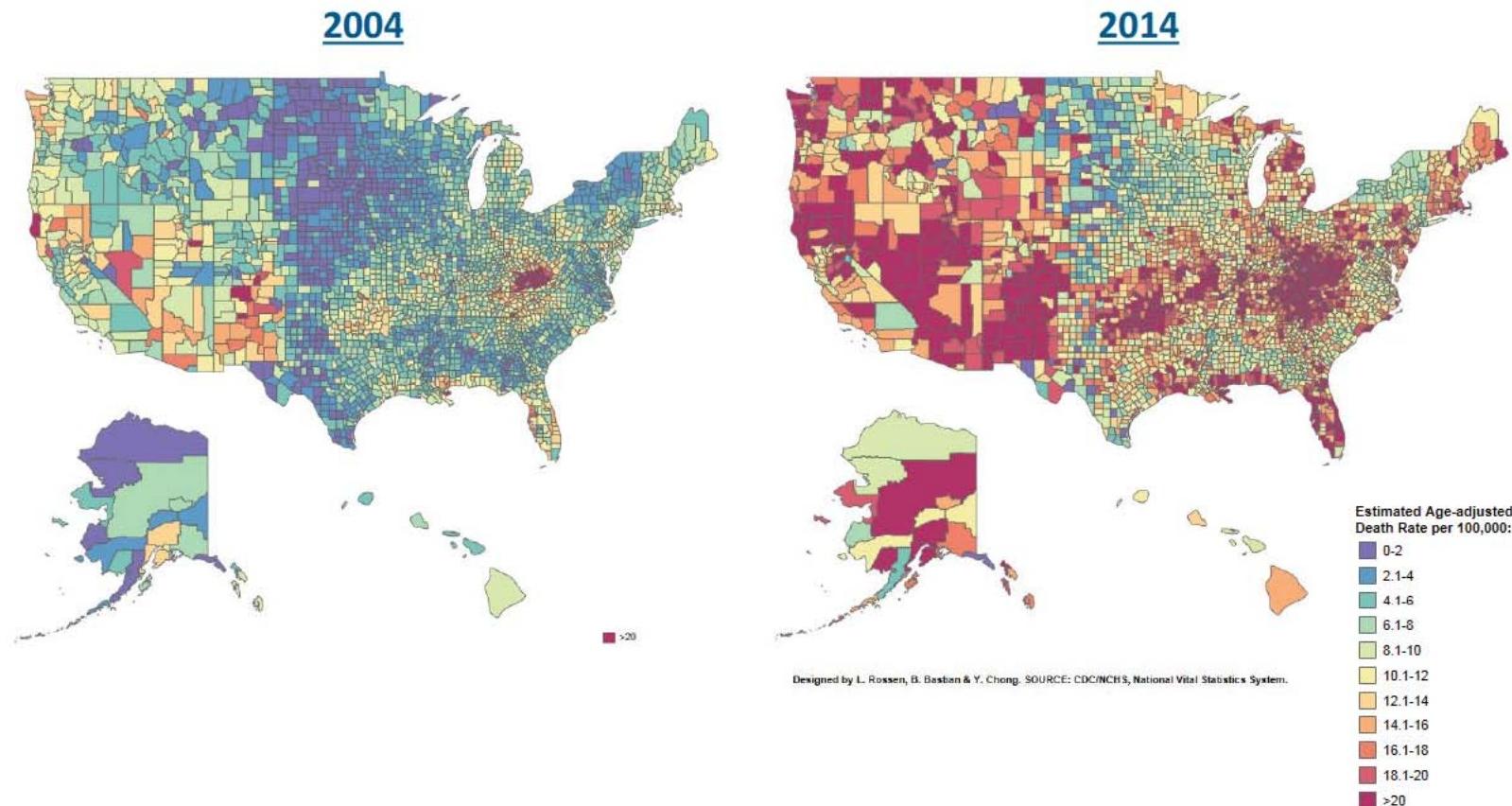
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Scope of the Problem | Overdose Death Statistics

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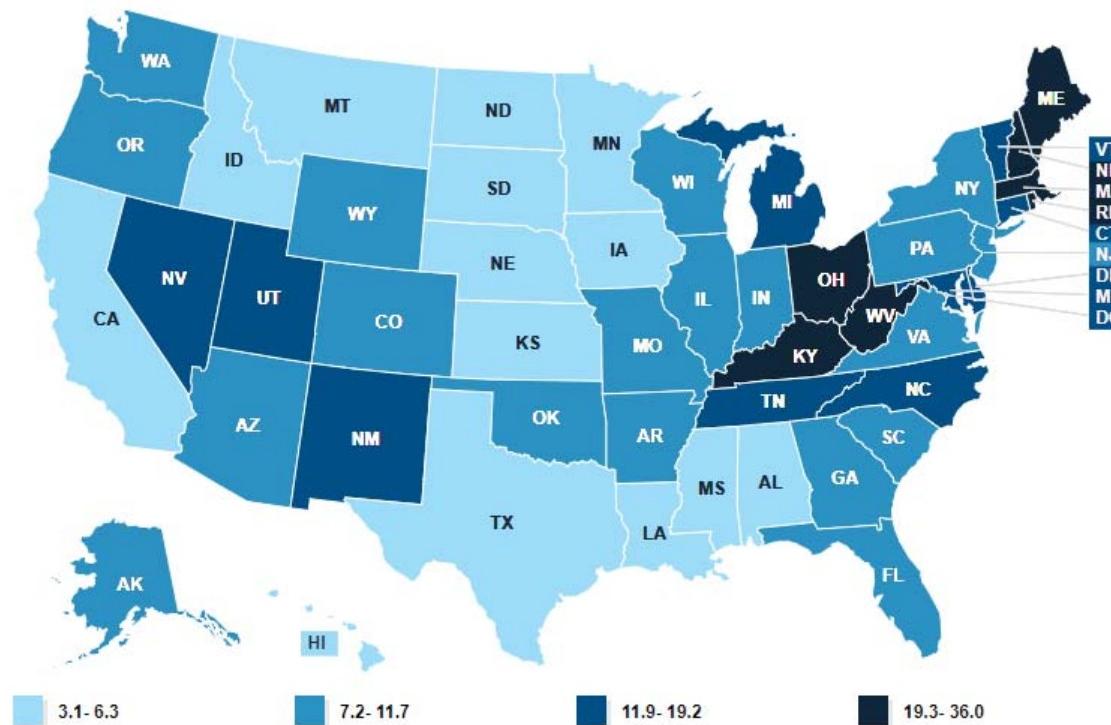


Source: Centers for Disease Control and Prevention, NCHS Data Visualization Gallery. *Drug Poisoning Mortality: United States, 1999–2014*. Retrieved November 14, 2016, from Centers for Disease Control and Prevention: <https://blogs.cdc.gov/nchs-data-visualization/drug-poisoning-mortality/>

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Scope of the Problem | Overdose Death Statistics (2015) **MCKESSON**

Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted)



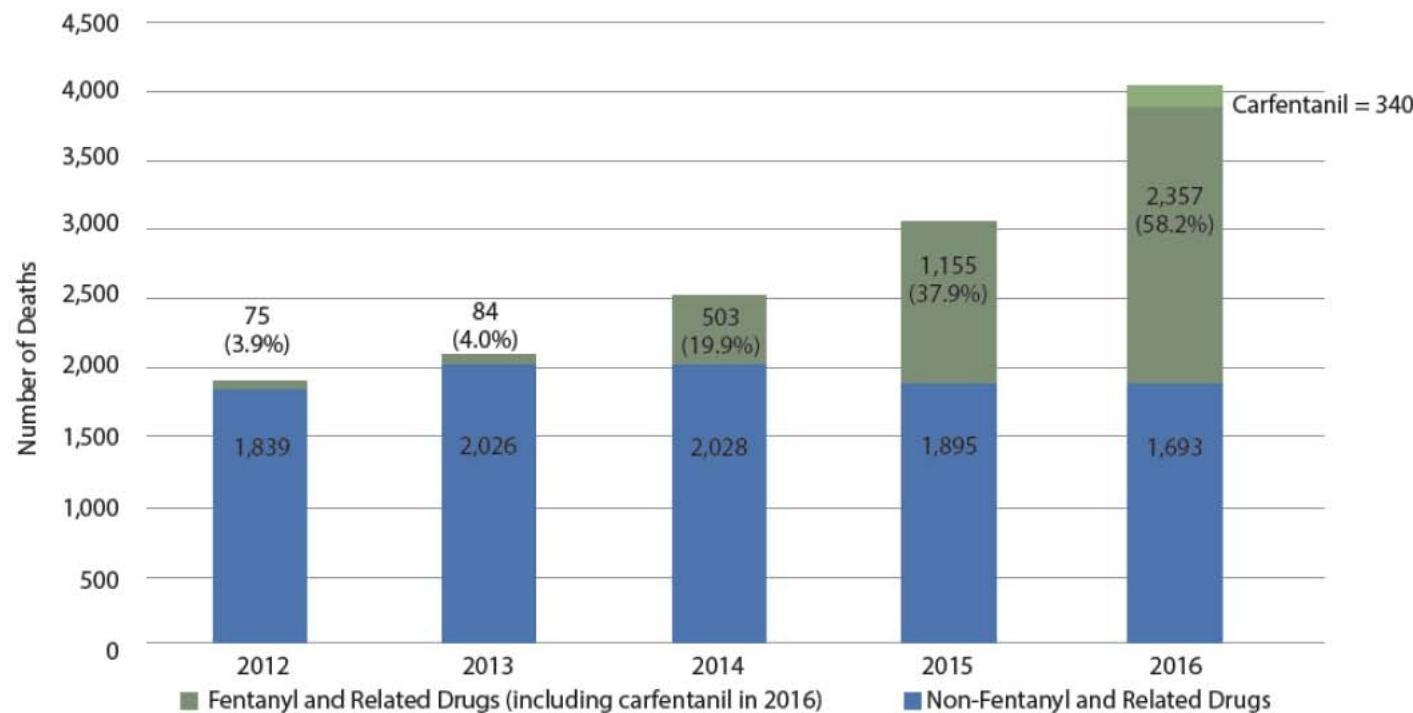
Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://www.kff.org/other/state-indicator/opioid-overdose-death-rates> on August 23, 2017.

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Ohio | 2016 Data

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Figure 1. Number of Fentanyl and Related Drug Deaths and Percentage of Unintentional Overdose Deaths, by Year, Ohio, 2012-2016



Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program.

Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

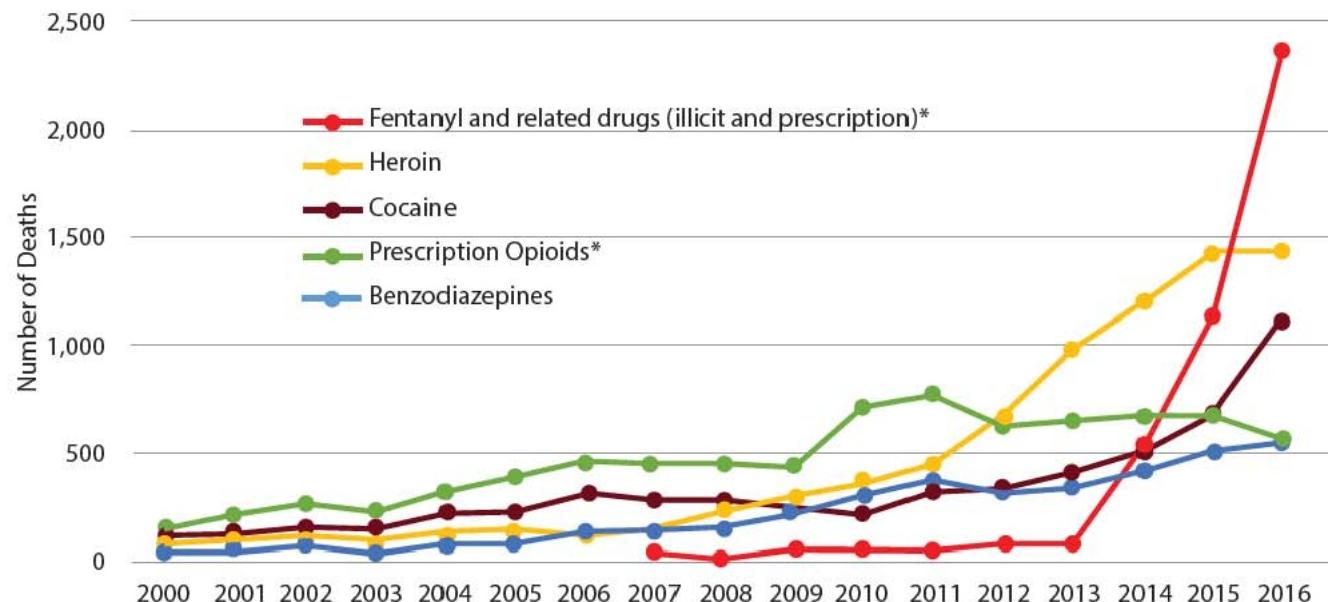
Source: Ohio Department of Health. Drug Overdose Data and Publications. Retrieved September 29, 2017, from <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en> Department of Health & Human Services: <http://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>

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Ohio | 2016 Data

MCKESSON

Figure 7. Number of Unintentional Drug Overdose Deaths Involving Selected Drugs, by Year, Ohio, 2000-2016



Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program.

Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category.

Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

* Excludes deaths involving fentanyl and related drugs.

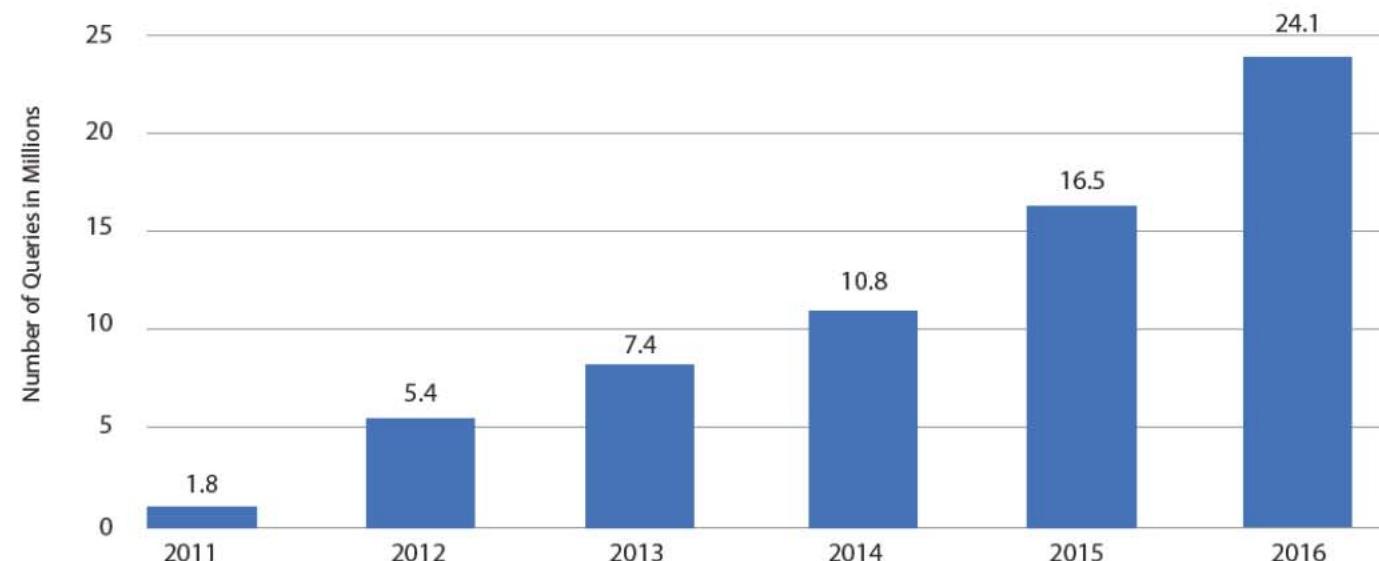
Source: Ohio Department of Health. Drug Overdose Data and Publications. Retrieved September 29, 2017, from <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en> Department of Health & Human Services: <http://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>

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Ohio | 2016 Data

MCKESSON

Figure 5. Prescriber OARRS Queries, Ohio, 2011-2016



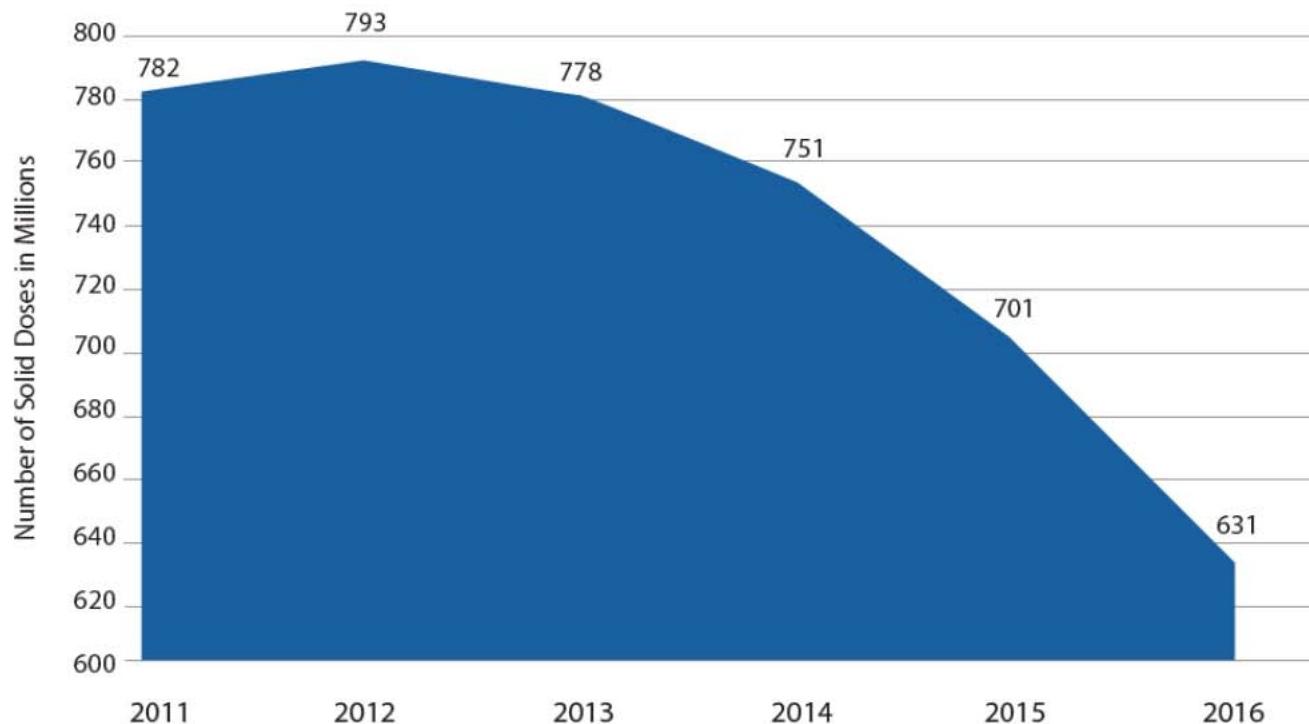
Source: Ohio Department of Health. Drug Overdose Data and Publications. Retrieved September 29, 2017, from <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en>Department of Health & Human Services: <http://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>

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Ohio | 2016 Data

MCKESSON

Figure 6. Opioid Solid Doses Dispensed to Ohio Patients, by Year, 2011-2016



Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.

Source: Ohio Department of Health. Drug Overdose Data and Publications. Retrieved September 29, 2017, from <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en> Department of Health & Human Services: <http://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>

Agenda

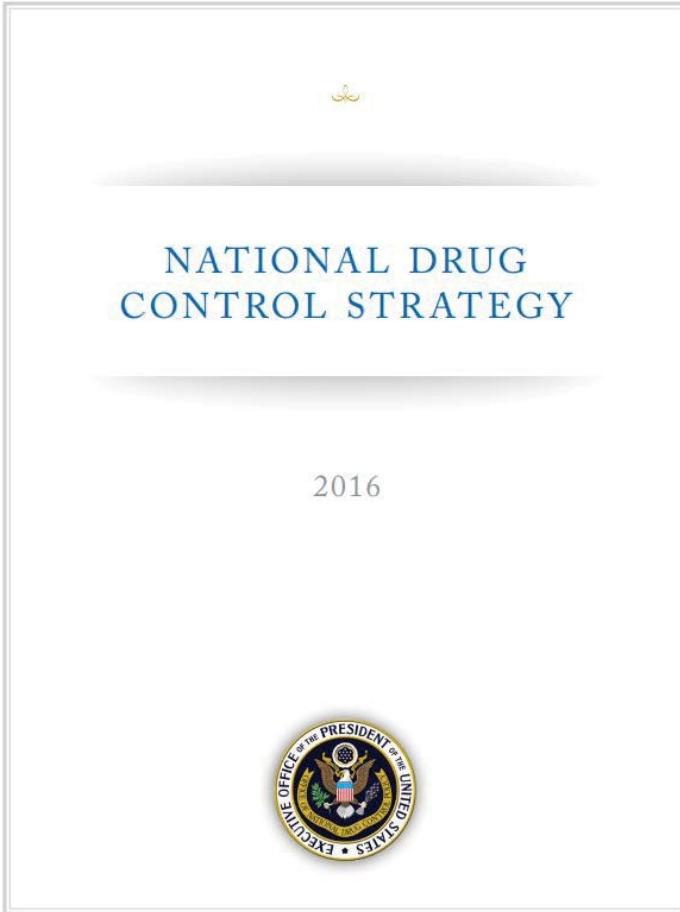


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Industry Updates | National Drug Control Strategy

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Policy Focus: Preventing and Addressing
Prescription Drug Misuse and **Heroin** Use

Four Pillars:

1. Education
2. Monitoring
3. Disposal
4. Enforcement

Source: Office of National Drug Control Policy. *2015 National Drug Control Strategy*. Retrieved February 10, 2016, from Office of National Drug Control Policy:
https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2015_national_drug_control_strategy_0.pdf

Industry Updates | DEA 360 Strategy

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DEA 360 Strategy
Working Together to Break the Cycle of Drug Trafficking, Drug Violence, and Drug Abuse

What is DEA 360?
A comprehensive approach tackling the cycle of violence and addiction generated by the link between drug cartels, violent gangs, and the rising problem of prescription opioid and heroin abuse in U.S. cities. DEA 360 involves:

- Coordinated Law Enforcement operations targeting all levels of drug trafficking organizations and violent gangs supplying drugs to our neighborhoods
- Engaging drug manufacturers, wholesalers, practitioners, and pharmacists through Diversion Control to increase awareness of the opioid epidemic and encourage responsible prescribing practices, and use of opioid painkillers throughout the medical community
- Community Outreach and partnership with local organizations following enforcement operations, equipping and empowering communities to fight the opioid epidemic

National Partners with Local Reach:

<ul style="list-style-type: none"> • U.S. Attorney's Office - Pittsburgh • Boys & Girls Clubs of America • Community Anti-Drug Coalitions of America • DEA Educational Foundation • DOJ – Violence Reduction Network • The Elks Club 	<ul style="list-style-type: none"> • HHS - Substance Abuse and Mental Health Services Administration • White House Office of National Drug Control Policy • Partnership for Drug-Free Kids
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Goals:

- Stopping the deadly cycle of heroin and opioid pill abuse by eliminating drug trafficking organizations and gangs fueling violence on the streets and cycles of addiction in our communities
- Partnering with the medical community and others to raise awareness of the dangers of prescription opioid misuse and the link to heroin
- Strengthening community organizations best positioned to provide long-term help and support for building drug-free communities



For more information: Contact DEA Public Affairs at (202) 307-7977

Strategy for **prescription opioid** and **heroin** abuse:

- ✓ **Enforcement:** A commitment to stopping violence associated with drug trafficking
- ✓ **Diversion:** Enlisting DEA's registrant population in the fight against opioid abuse
- ✓ **Community:** Leaving something lasting and positive in the communities DEA serves

Pilot in West Memphis, AR, St. Louis, MO, Pittsburgh, PA, Milwaukee, WI

Source: Statement of Louis J. Milione, Deputy Assistant Administrator, Office of Diversion Control, DEA before the Committee on the Judiciary, United States Senate, for a Hearing entitled "Attacking America's Epidemic Of Heroin And Prescription Drug Abuse" presented January 27, 2016. <http://www.dea.gov/divisions/hq/2015/hq111015-DEA%20360%20Strategy%20Fact%20Sheet.pdf>, Accessed February 10, 2016.

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Industry Updates | Today's Heroin Epidemic

JULY 2015

Vital Signs™

CDC

Today's Heroin Epidemic

More people at risk, multiple drugs abused

Heroin use has increased across the US among men and women, most age groups, and all income levels. Some of the greatest increases occur in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes. Not only are people using heroin, they are also abusing multiple other substances, especially cocaine and prescription opioid painkillers. As heroin use has increased, so have heroin-related overdose deaths. Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in 2013. States play a central role in prevention, treatment, and recovery efforts for this growing epidemic.

States can:

- Address the strongest risk factor for heroin addiction: addiction to prescription opioid painkillers.
- Increase access to substance abuse treatment services, including Medication-Assisted Treatment (MAT), for opioid addiction.
- Expand access to and training for administering naloxone to reduce opioid overdose deaths.
- Ensure that people have access to integrated prevention services, including access to sterile injection equipment from a reliable source, as allowed by local policy.
- Help local jurisdictions to put these effective practices to work in communities where drug addiction is common.

Want to learn more? www.cdc.gov/vitalsigns/heroin

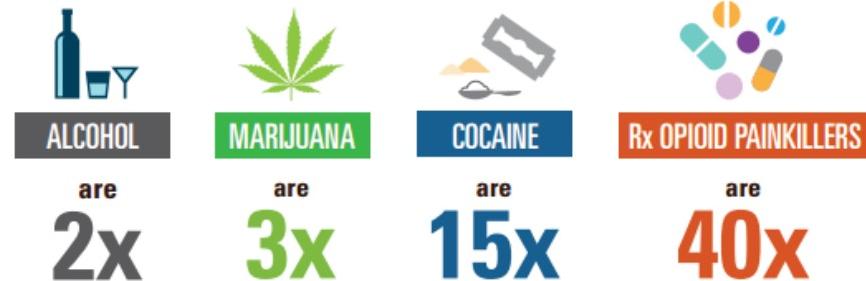
2x
Heroin use more than doubled among young adults ages 18–25 in the past decade.

9 in 10
More than 9 in 10 people who used heroin also used at least one other drug.

45%
45% of people who used heroin were also addicted to prescription opioid painkillers.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

People who are addicted to...



...more likely to be addicted to heroin.

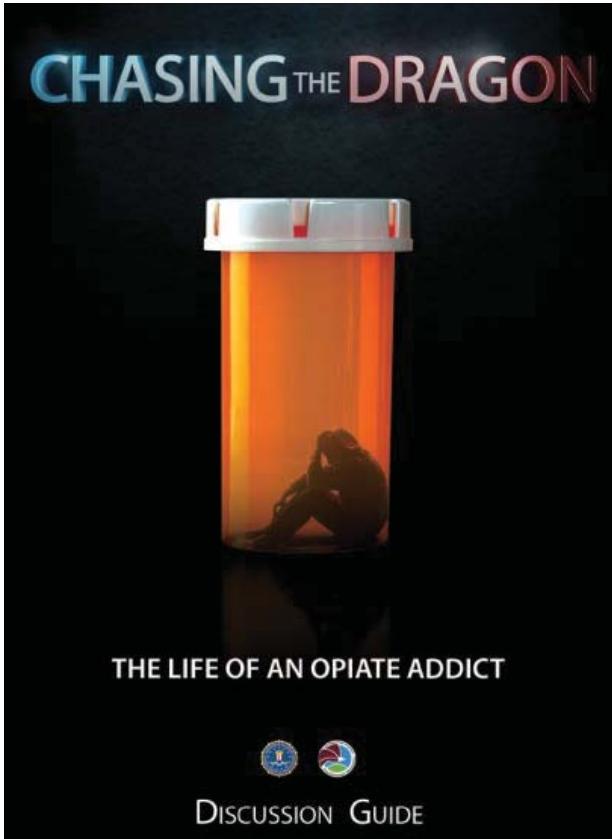
SOURCE: National Survey on Drug Use and Health (NSDUH), 2011–2013.

Source: Centers for Disease Control and Prevention, Vital Signs July 2015. *Today's Heroin Epidemic*. Retrieved February 10, 2016, from Centers for Disease Control and Prevention: <http://www.cdc.gov/vitalsigns/pdf/2015-07-vitalsigns.pdf>

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Industry Updates | Chasing the Dragon

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Chasing the Dragon is a documentary film from DEA and FBI;

- ✓ Aimed at educating high school students & young adults of the dangers of addiction
- ✓ Message is deterrence since opioid addiction can take hold after first use

Source: FBI National Press Office. *FBI, DEA Release Documentary Film Addressing Heroin/Prescription Drug Abuse*. Retrieved February 10, 2016, from FBI: <https://www.fbi.gov/news/pressrel/press-releases/fbi-dea-release-documentary-film-addressing-heroin-prescription-drug-abuse>

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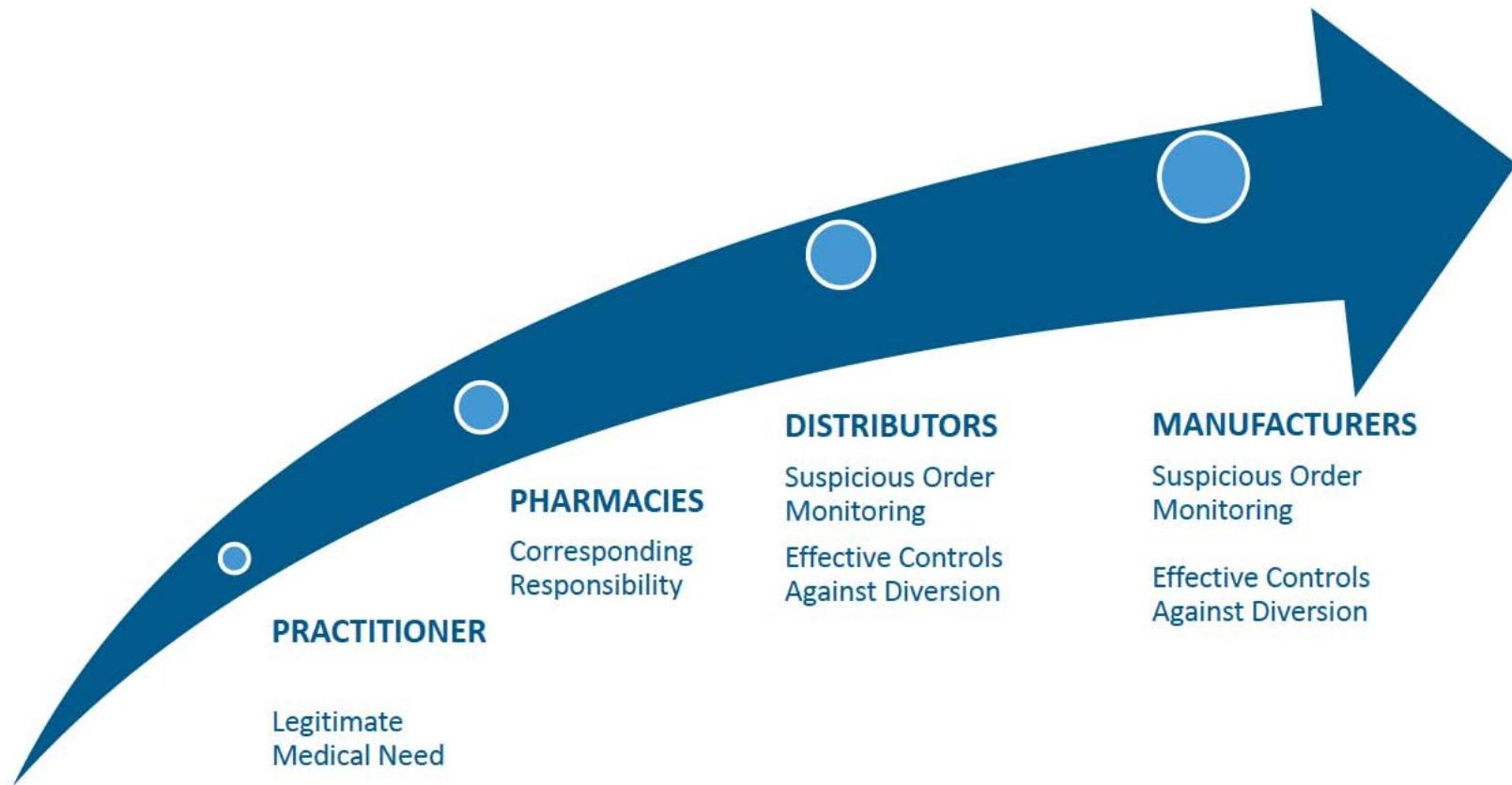
Q & A | Open Discussion

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Regulations | The Supply Chain

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*Prescription drug abuse is a **national problem**, requiring an **industry-wide solution**.*



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CSA Checks & Balances | Practitioners

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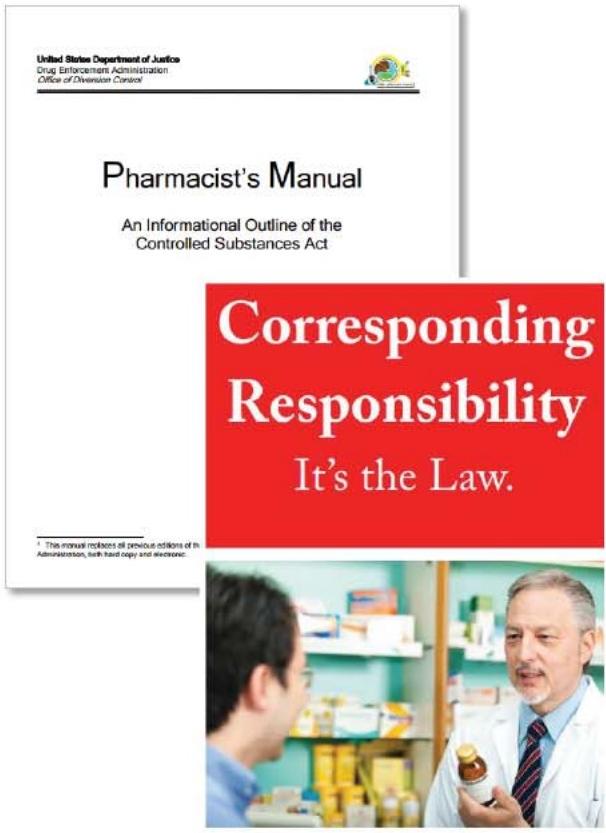
"A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice." (21 CFR §1306.04(a))

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CSA Checks & Balances | Pharmacists

MCKESSON

*"The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a **corresponding responsibility** rests with the **pharmacist** who fills the prescription." (21 CFR § 1306.04(a))*



Pharmacists touted as last line of defense against opioid addiction

January 04, 2016

At recent Prescription Drug Awareness Conferences in Pittsburgh, DEA called for pharmacists and soon-to-be pharmacy school graduates to tighten controls over prescription opioids. "You are often going to be the last line of defense for us," said Gary Tugle, the DEA special agent in charge.

At recent Prescription Drug Awareness Conferences in Pittsburgh, DEA called for pharmacists and soon-to-be pharmacy school graduates to tighten controls over prescription opioids. "You are often going to be the last line of defense for us," said Gary Tugle, the DEA special agent in charge. He said that pharmacists who encounter addicts with illegitimate prescriptions should take a stand and not second-guess their instinct. Pharmacists also may discuss the issue of analgesics and addiction with patients, or even inform on prescribers who write opioid prescriptions too freely. Some pharmacists attending the conference pointed out that corporate executives often pressure them to move more medications...and encourage them to call customers at refill time to ask if they need anything else. Adam Dasher, a attendee, noted that refusing to fill a profitable press option.

Pittsburgh Post-Gazette (12/15/15) Lon

Pharmacists are the last line of defense to prevent abuse ?

Posted on June 5, 2015 by Pharmaciststeve



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CSA Checks & Balances | Distributors & Manufacturers

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"Maintenance of effective controls against diversion of particular controlled substances into other than legitimate medical, scientific, and industrial channels..." (21 U.S.C. §823/21 CFR §1301.71(a))

EXAMPLES



"The registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances. . . . Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency." (21 CFR §1301.74(b))

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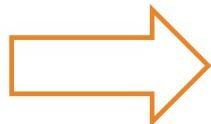
McKesson CSMP | Mission & Operating Principles



U.S. Pharma Controlled Substance Monitoring Program

Mission Statement

Our mission is to manage U.S. Pharma's Controlled Substance Monitoring Program as a nationwide regulatory compliance program that is informed by diversion trends and our customers. Through our program, we strive to strengthen the understanding of the prescription drug abuse epidemic across the industry with dialogue and collaboration.



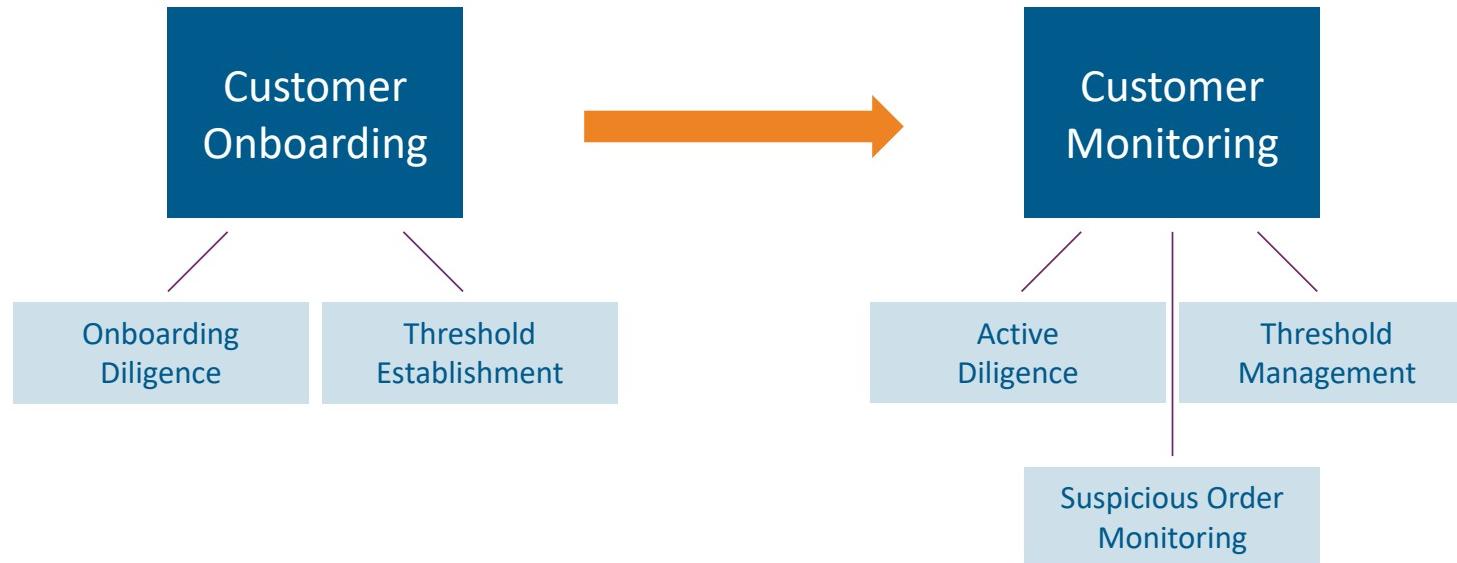
U.S. Pharma Controlled Substance Monitoring Program

Operating Principles

As we continue to design our program, we will adhere to the following operating principles:

- **Risk-based** — Comprehensively covers all controlled substances and all customers, while driving the greatest focus on those presenting a higher risk of diversion.
- **Uniform** — Generates consistent execution against nationwide standards and requirements.
- **Sustainable** — Achievable over the long term.
- **Contemporary** — Refreshed on an ongoing basis to address current diversion trends, while reflecting the legitimate business models of our customers as they evolve.
- **Defined** — Meets regulations as they are applicable to wholesalers. Other registered entities in the supply chain have their own independent responsibility to achieve compliance.

McKesson CSMP | Design/Framework



Statistics, Analytics, and Diversion Trends

McKesson CSMP | RNA Team

MCKESSON



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Micheal Bishop
Manager
Las Colinas, TX



Adam Shepherd
Regulatory Assistant
Las Colinas, TX

Sr. Director Leadership Background:

- ✓ Retail Diversion
- ✓ Special Investigations
- ✓ Data, Analytics & Intelligence
- ✓ Industry Leadership

Team Backgrounds / Skill Sets:

- ✓ Regulatory Affairs
- ✓ Retail Diversion Analytics & Investigations
- ✓ Internal Data & Systems
- ✓ Distribution Center Operations
- ✓ Retail National Account Experience
- ✓ Project Management
- ✓ Clinical Research Compliance

McKesson CSMP | Diligence – “Know Our Customer”

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McKesson CSMP | Onboarding & Monitoring



Onboarding

Chain Diligence:

- ✓ Pharmacy Operations
- ✓ CS Compliance Program & Policies
- ✓ Business Model / Processes
- ✓ Dispensing Data Review

Registrant Diligence:

- ✓ Licensure & Registration
- ✓ Questionnaires (If Applicable)
- ✓ Dispensing Data (If Applicable)

Threshold Establishment

Monitoring

Ongoing Diligence:

- ✓ Event Triggered Reviews
- ✓ Data Analysis - Outlier Identification
- ✓ HQ Follow Up / Site Visits

Threshold Management (TCRs):

Business Justification

- ✓ Dispensing Data
- ✓ Independent Retail Specific
 - Recent Questionnaire (12M)
 - Personnel Information

Suspicious Order Reporting

Statistics, Analytics & Diversion Trends

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McKesson CSMP | Education & Awareness

Prescription Drug Abuse Landscape

Current Drug Abuse Trends
Overdose Mortality Rates per 100,000 People (2010)



*Data includes all drug deaths from prescription drugs, health care, and illicit drugs. Source: U.S. Centers for Disease Control and Prevention, National Vital Statistics System.

What Can You Do? Practical Tips

DEA registrants are **always** responsible for meeting their requirements. For pharmacists and pharmacy owners, this means ensuring appropriate monitoring to detect potential prescription medication diversion by practitioners acting in the unusual course. One way to better understand their controlled substance practices is to better understand their controlled substance data to circumstantially determine if diversion may be occurring.

1. **Closely monitor the drugs of concern.** All controlled substances, with those in schedule II having a higher potential for diversion, are commonly diverted controlled substances by hydrocodone, hydromorphone, oxymorphone, alprazolam, etc.
2. **Know your pharmacy's ordering patterns.** What is your typical prescription? Maintaining awareness will help you recognize anomalies.

**See page 10

Red Flags

There are numerous "red flags" indicating possible prescription drug misuse, abuse and diversion. Some common red flags suggested by the DEA and certain state boards of pharmacy include:

Pattern Prescribing

Pharmacists need to be particularly alert for prescriptions for the same drugs, quantities or diagnosis codes coming from the same doctor. Further, the use of rubber stamps is another key red flag.

Antagonistic Drugs

Look for prescriptions written for antagonistic drugs (e.g., depressants and stimulants).

Drug Cocktails

Flag and scrutinize prescriptions for drug cocktails (e.g., opioids with benzodiazepines and/or carisoprodol).

Large Quantities

Look at the quantities. High doses and/or high quantities of drugs are often a key indicator of abuse.

Doctor Patterns

Be on the lookout for doctors that write significantly more prescriptions compared to other doctors in your area.

Beyond Specialty

Question prescriptions written by doctors for infirmaries not consistent with their area of specialty (e.g., dentist writing ADHD prescriptions).

Geographic Flags

Notice geographic anomalies, such as prescriptions written by a local prescriber for out-of-state patients, or situations in which the pharmacy is not near the patient or the prescriber.

Unlikely Coincidences

Situations such as customers with shared addresses presenting similar prescriptions from the same physician on the same day can also prove fraudulent.

False Caregivers

Further, you will want to scrutinize customers presenting prescriptions for other people.

Cash Payments

Customers paying cash may require additional scrutiny.

Early Refills

Customers requesting early refills of controlled substances should be questioned and may require additional scrutiny.

Suspicious Behavior

Look for signs of nervousness such as being overly talkative, agitated, emotionally volatile, evasive, etc.

Signs of Forgery

Fraudulent or forged prescriptions can often be identified by the following characteristics:

- False contact information
- Misspellings
- Photocopies
- Alterations to prescriptions
- Different inks or handwriting
- Quantity, directions or dosages differ from usual medical usage
- No abbreviations used or non-standard abbreviations

is national Automation
benchmark in assessing
ranges of dosage units in
the DEA's 2012 ARCOIS data.^{**}

thing doesn't look right,
or practitioner and use your
board of pharmacy's website
a reputation as being a
and ensure that you

er controlled substances has
pharmacies to be the last
to working together with its
emic.

"Red flags" indicating possible prescription drug misuse,
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Controlled Substances | Discount Drug Mart CSMP

MCKESSON

Discussion Topics:

- Overview of Pharmacy Business
- Regulatory/Compliance Structure
- Policies & Procedures
- Training & Education
- Analytics, Monitoring & Follow Up
- Known Outliers

Q & A

